


|  |  |   |
|--|--|---|
| <b><i>Index of Claims</i></b><br><br> | <b>Application/Control No.</b><br><br>10677862 | <b>Applicant(s)/Patent Under Reexamination</b><br><br>ODDO ET AL. |
|  | <b>Examiner</b><br><br>Sawaged, Sari           | <b>Art Unit</b><br><br>2609                                       |

|   |                 |   |                   |   |                     |   |                 |
|---|-----------------|---|-------------------|---|---------------------|---|-----------------|
| ✓ | <b>Rejected</b> | - | <b>Cancelled</b>  | N | <b>Non-Elected</b>  | A | <b>Appeal</b>   |
| = | <b>Allowed</b>  | ÷ | <b>Restricted</b> | I | <b>Interference</b> | O | <b>Objected</b> |

|  |          |            |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |
|--|----------|------------|--|--|--|--|--|--|--|------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|---------------------------------|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant |          |            |  |  |  |  |  |  |  | <input type="checkbox"/> CPA |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> T.D. |  |  |  |  |  |  |  |  |  | <input type="checkbox"/> R.1.47 |  |  |  |  |  |  |  |  |  |
| <b>CLAIM</b>   |          |            |  |  |  |  |  |  |  | <b>DATE</b>                  |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |
| Final  | Original | 08/21/2007 |  |  |  |  |  |  |  | 08/21/2007                   |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |
|  | 1        | X          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |
|  | 2        | X          |  |  |  |  |  |  |  |                              |  |  |  |  |  |  |  |  |  |                               |  |  |  |  |  |  |  |  |  |                                 |  |  |  |  |  |  |  |  |  |